

## HICAP BUDGET SUMMARY

BUDGET PERIOD:		[ ] ORIGINAL [ ] AMENDMENT NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
		Col (a)	Col (b)	Col (c)	Col (d)	Col (e)	Col (f)	Col (g)	
COST CATEGORY		STATE AND FEDERAL (SHIP) FUNDS ONLY				OTHER FUNDING		TOTAL	
		AAA	Direct	Contracted	TOTAL	Program	Other		
		Admin	Service	Service	Columns (a,b,c)	Income	Funding	All Funds Columns (d,e,f)	
<b>AAA ADMINISTRATION</b>									
Personnel									
Operating Expenses									
Indirect Admin									
<b>TOTAL ADMINISTRATION</b>									
<b>HICAP PROGRAM</b>									
HICAP Reimbursements Program									
HICAP Fund Program									
HICAP SHIP Funds									
HICAP SHIP Rural Funds									
<b>TOTAL HICAP PROGRAM</b>									
<b>TOTAL BUDGET</b>									
FOR STATE USE ONLY									
Fiscal Specialist Approval			Date		Team Coach Verification			Date	

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]:

[ ] Yes Amount Budgeted:\$ \_\_\_\_\_

BUDGET PERIOD:		[ ] ORIGINAL [ ] AMENDMENT NO.:		CONTRACT NO.:	DATE:	PSA NO.:
<b>PERSONNEL</b>				(a)	(b)	(c)
Position Classification:				Annual Wage Rate	% of Time Devoted	<b>TOTAL</b>
				<b>TOTAL SALARIES &amp; WAGES</b>		
				STAFF BENEFITS		
				<b>TOTAL PERSONNEL</b>		
<b>OPERATING EXPENSES</b>					Rate per Square Foot	<b>TOTAL</b>
Annual Rent						
Equipment (List):				Quantity	Unit Price	
Travel:						
Other Operating Expenses (List):						
<b>TOTAL OPERATING EXPENSES</b>						
INDIRECT ADMIN						
<b>TOTAL ADMINISTRATION</b>						

## HICAP DIRECT SERVICES BUDGET NARRATIVE\*

BUDGET PERIOD:	[ ] ORIGINAL [ ] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
<b>PERSONNEL</b>		(a)	(b)	(c)
Position Classification:		Annual Wage Rate	% of Time Devoted	<b>TOTAL</b>
<b>TOTAL SALARIES &amp; WAGES</b>				
STAFF BENEFITS				
<b>TOTAL PERSONNEL</b>				
<b>OPERATING EXPENSES</b>			Rate per Square	<b>TOTAL</b>
Annual Rent:				
Equipment (List):	Quantity	Unit Price		
Travel:				
Other Operating Expenses (List):				
<b>TOTAL OPERATING EXPENSES</b>				
INDIRECT COSTS				
<b>TOTAL DIRECT SERVICES</b>				

\* - Budget Direct expenses from all funding sources.

HICAP CONTRACTED SERVICES SCHEDULE\*

BUDGET PERIOD:		[ ] ORIGINAL [ ] AMENDMENT NO.:			CONTRACT NO.:		DATE:	PSA NO.:
	(a) HICAP Reimbursements Program	(b) HICAP Fund Program	(c) HICAP SHIP Funds	(d) HICAP SHIP Rural Funds		(e) Program Income	(f) Other Funding	(g) TOTAL CONTRACTED SERVICES
Contractors								
Name:								
Address:								
Telephone:								
Contact Person:								
Name:								
Address:								
Telephone:								
Contact Person:								
Name:								
Address:								
Telephone:								
Contact Person:								
Name:								
Address:								
Telephone:								
Contact Person:								
TOTAL HICAP CONTRACTED SERVICES								

Budget Contracted expenses from all funding sources